

CITY OF BELMONT
APPLICATION FOR BUSINESS LICENSE

Business Name: _____

Business Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

(If different than above)

City: _____ State: _____ Zip Code: _____

Business Description: _____

Resale Permit #: _____

Type of Ownership: Sole Prop.: _____ Partnership: _____ Corporation: _____

If Sole Proprietorship: Social Security #'s: 1) _____ 2) _____

If Partnership or Corporation: Federal Employer I.D. #: _____

List Owners, Partners, Corporate Officers: Name, Home Address and Phone Numbers

1) _____

Name

Title

Home Address

Phone

2) _____

Name

Title

Home Address

Phone

3) _____

Name

Title

Home Address

Phone

List the number of:

Employees _____

Coin Operated Machines _____

Real Estate Agents _____

Gasoline Pumps _____

Real Estate Brokers _____

Taxicabs _____

Are you renting this business property: _____

Name of property owner or management company (if rented) _____

Address _____ Phone No. _____

How much space will _____ total number of _____ Number of spaces
Your business occupy _____ on-site spaces _____ reserved for your use _____

List the other business located on this property: _____

Are the premises vacant? _____

If vacant, for how long _____

What business previously occupied this space :

Name _____

Type of business _____

Describe any painting, remodeling or signs you plan to install _____

Are you purchasing the building? _____

Do you plan to:

Weld	Yes	No	Store or use chemicals	Yes	No
Woodwork	Yes	No	Store or use Flammable or Combustible Liquids	Yes	No
Spray Paint	Yes	No	Store in high piles	Yes	No
Cook	Yes	No	Fabricate semi-conductors	Yes	No

The issuance of a business license does not exempt you from any of the fire department, city building, or zoning requirements. The South County Fire Department requires the installation of a "Lock Box" when a building is sold or when there is a change in occupancy. Your business will be inspected by the Fire Department within 30 days.

I, the undersigned, hereby agree to meet the requirements of the South County Fire Department and the City of Belmont or I will forfeit my business license upon request from the Finance Department.

Applicants Signature

Date

Offices are open from 8:00 a.m. to 5:00 p.m.
The Planning Division's Help Line is (650) 595-7416
The Business License Division's Help Line is (650) 595-7437
The South County Fire Department's Help Line is (650) 593-8016

For Office Use Only

South County Fire Authority Approval

Date

Community Development Department Approval

Zoning

Date

NOTES:

Make Checks Payable to:

**City of Belmont
Finance Department/Business License Division
1070 Sixth Avenue, Suite 301
Belmont, CA 94002
(650) 595-7436**

BELMONT POLICE DEPARTMENT

James E. Goulart, Chief of Police

NEW BUSINESS EMERGENCY LISTING

DATE _____

WELCOME TO BELMONT!

It is our desire to serve you efficiently and quickly should an emergency arise while your business is closed and it becomes necessary to contact someone.

Please complete this New Business Emergency Listing and submit with your Business License Application. The City of Belmont Finance Department will insure we receive it.

BUSINESS NAME:

Type of Business: _____ Phone #: _____

Address of Business: _____

Person Applying for Business License: _____ CDL# _____

Home Address: _____ Phone #: _____

If in order you wish to be contacted, please list those persons authorized to be contacted in event of an emergency:

1) Name: _____ Phone # _____

Address: _____ City: _____

2) Name: _____ Phone # _____

Address: _____ City: _____

Do you have an alarm system? Yes _____ No _____ Is it Audible? _____ Silent? _____

Alarm Company's Name: _____ Phone #: _____

Alarm Company's Address: _____ City: _____

This information is **confidential** and will be used only in the event the Belmont Police Department requires emergency contact. If any of this information should change, we would appreciate you contacting this department immediately.

We appreciate your assistance. Thank You.